



NEURONUTRITION ASSOCIATES

Consultation Services and Fees

The clinicians at Neuronutrition Associates are integrative and functional medicine clinicians. By shifting the traditional disease-centered focus of medical practice to a more patient-centered approach, we address the whole person, not just an isolated set of symptoms. We spend time with our patients, listen to their histories and evaluate the interactions among genetic, environmental, and lifestyle factors that can influence long-term health and complex, chronic disease. In this way, our clinic supports the unique expression of health and vitality for each individual.

We specialize in children with chronic conditions such as inattention, anxiety, depression, mood disturbances, learning disabilities, autism, developmental delays, abdominal/gut concerns, food intolerances, weight concerns, and poor growth.

Services may include:

- Comprehensive review of medical history, including lab work, clinical notes from previous providers, and trials of medications/supplements
- Baseline analysis of functional health status
 - Including environmental inputs, gut health, immune health, nutritional status, mind/body connection, and genetics
- Specialized laboratory investigations*
- Treatments may include combinations of drugs, botanical medicines, nutritional supplements, therapeutic diets, or detoxification programs. They may also include counseling on lifestyle modification, exercise, or stress-management techniques.
- Referrals and collaboration with other specialist such physical, occupational, and applied behavioral analysis therapies

*Laboratory investigations: Some labs may be filed and covered under your medical insurance; however, we cannot guarantee insurance coverage. Some specialized laboratory investigations do not take insurance and will be an out of pocket expense. We are able to offer reduced cash pricing that will guarantee the out of pocket cost for most testing. You can discuss with your clinician what labs your child may need and how to best proceed at your initial visit.

Payment and Fees:

Neuronutrition Associates does not accept medical insurance at this time. Instead of working for insurance companies where our practice would be restricted by short visit times and reimbursement for our patients remaining sick; we work for our patients, where our goal is to help them achieve and maintain their health. We will be glad to provide you with insurance billing codes and documentation so that you can file with your insurance independently if you wish to do so. We accept all major credit cards, cash, and checks, including FSA and HSA credit card accounts. Please make checks payable to Neuronutrition Associates.

Dr. Emily Gutierrez, DNP, PNP, IFM-CP

\$150 Initial Functional Medicine Consult Deposit (*non-refundable*)
\$360/60 minute Initial Functional Medicine Consult
\$270/45 minute follow-up visits
\$180/30 minute follow-up visits (minimum)
Sick Visits - \$85/15 minutes, \$180/30 minutes

Jana Roso, MSN, CPNP, MAPS (Medical Academy of Pediatric Special Needs)

\$150 Initial Functional Medicine Consult Deposit (*non-refundable*)
\$295/60 minute Initial Functional Medicine Consult
\$225/45 minute follow-up visits
\$150/30 minute follow-up visits (minimum)
Sick Visits - \$85/15 minutes, \$150/30 minutes

Cancellation/No show policy:

We understand that there are times when you must miss an appointment due to an emergency or obligation for work or family. However, we do request that you call 48 *business* hours in advance to notify us of your appointment cancellation. **If an appointment is not cancelled at least 48 business hours in advance, you will be charged a seventy five-dollar (\$75) fee to the credit card on file.** For scheduled appointments, we understand that delays can happen for various reasons. In order for us to keep our patients and providers on time for their scheduled appointments, you may be asked to reschedule if the patient arrives more than 15 minutes past their scheduled time. If an appointment has to be rescheduled for this reason, the seventy-five dollar (\$75) cancellation fee will apply. **If the patient does not show for a scheduled appointment without contacting our office or cancels their appointment on the same day as their scheduled visit, the full amount of the visit will be charged to the credit card on file.**

To schedule your consultation please call 512-599-8850 or you may email
info@neuronutritionassociates.com.

Patient Name

Signature (Parent or Guardian)

Printed Name (Parent or Guardian)

Date



ACKNOWLEDGMENT RECEIPT: HIPAA NOTICE OF PRIVACY PRACTICES

In signing this form, you agree that you have received our Notice of Privacy Practices. This notice, among other points, explains how we plan to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. This applies to the privacy practices of Neuronutrition Associates and all affiliated covered entities of Neuronutrition Associates issuing this notice.

You have the right to review our Notice of Privacy Practices prior to signing this form. It provides more detail on how we may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested by contacting Neuronutrition Associates.

By signing this form, you acknowledge you have received our Notice of Privacy Practices and that Neuronutrition Associates and all affiliated covered entities can use and disclose your protected health information in accordance with HIPAA.

Signature (Parent or Guardian)

Patient Name

Printed Name (Parent or Guardian)

Date



The Fine Print

Neuronutrition Associates consulting services are for those exploring the possibility of utilizing holistic and functional medical therapies for management of complex and chronic disease. The consultation is not a traditional medical evaluation, rather a comprehensive assessment of a patient's health, nutrition, and environment. Patients are required to keep a primary care provider (and specialty care provider if needed) and provide Neuronutrition Associates with all medical information relevant to their health status. The services provided by Neuronutrition Associates are for therapeutic purposes only. In certain cases lab tests may be recommended in order for us to better evaluate the nutritional and functional status of a patient. These common and specialized labs help guide our individualized patient care plans.

Neuronutrition Associates is not intended to eliminate nor replace the need for a relationship with a primary care physician. Families and patients should understand that if symptoms persist or worsen, they should see their regular or non-Neuronutrition clinician(s) regarding traditional diagnosis and treatment options.

The practice of holistic and functional medicine is not an exact science and no guarantees are made regarding medical recommendations.

Important information about your holistic and functional therapy consultation:

1. Dietary supplements may interfere with prescription medications as well as other dietary supplements. It is important that your Neuronutrition clinician is aware of all supplements and/or medications you are taking.
2. Nutritional supplements for cognitive conditions and other health maladies are not a quick fix. Nutrient therapy typically takes 2-3 months to see an improvement, with 6-12 months for healing. Good nutrition will always be an essential lifelong practice for achieving wellness.
3. While supplementing with dietary supplements can improve cognition and health functioning enough to be weaned off prescription medications, we do not recommend changing those medications without first contacting the prescribing clinician.



Dietary Supplement Conflict of Interest Disclaimer

Recommending supplements for therapeutic interventions can raise questions of conflict of interest when you sell them in your own practice. At Neuronutrition Associates, we are aware of and sensitive to this concern. Unfortunately, dietary supplements lack the same regulatory rigor as other FDA related prescription medications. We believe that not all effective therapies for optimizing health are exclusive to prescription medications and want to ensure that the supplements we recommend have sound quality. Dietary supplements can have integrity variability and lack consistent dosing and purity. At Neuronutrition Associates, we have confidence that the pharmaceutical grade supplements we have carefully and rigorously chosen to recommend are the best products in the industry. Dietary supplements are not covered under insurance plans and can be costly. As medical providers, we are able to offer products to our patients at discounted retail prices. As a client you will have the option to purchase supplements through our practice, however, we welcome you to explore other dietary supplement retailers. Our goal at Neuronutrition Associates is to achieve optimal wellness for you and your family, regardless of where you purchase your products.

Signature (Parent or Guardian)

Patient Name

Printed Name (Parent or Guardian)

Date



Initial Consult Intake Form

Patient Information:

Date: _____

Patient's Name: _____

Does your child go by another name or have a nickname?: _____

Date of Birth: _____

Sex: Male Female

Contact Information:

Parent/Guardian Name(s): _____

Cell Phone: _____

Voicemail: Yes No

Home Phone: _____

Voicemail: Yes No

Address: _____

E-mail Address: _____

Insurance Company: _____

Policy Number: _____

Insurance Phone Number: _____

Preferred Lab: _____

Pediatrician/Primary Care Provider: _____

Office Name: _____

Phone: _____

Fax: _____

Address: _____



Medical History

Has your child ever received a previous diagnosis related to neurological health? If so, what? _____

Any other medical diagnosis we need to be aware of? _____

Current medications: _____

Current vitamins or supplements (please include brands and doses):

Any known supplement or medication allergies? _____

Can your child swallow pills? _____

Any hearing or vision problems? _____

Has your child had his/her hearing or vision tested in the past year? _____

General neurological, cognitive, or chronic health concerns:

MEDICATION HISTORY

Please list any prior medications used to treat neurological health (including supplements):

What was your experience with these medications/supplements? _____

BRIEF PAST MEDICAL HISTORY

At how many weeks gestation was your child born? _____

Was your child's birth a natural or C-section delivery? _____

Did you have any complications during pregnancy or during delivery?

Does your child have a history of colic, difficulties with feeds, or reflux? _____

If yes, was your child put on medications to address any of these issues? _____

Has your child received immunizations? _____

Is your child adopted? If so, from where? _____

Has your child had any major illnesses (including but not limited to: chronic strep throat, chronic ear infections, mono, influenza, etc.)? _____

Has your child been on many rounds of antibiotics? If so, how recently? _____

Please list any prior hospitalizations or surgeries: _____

Did your child meet their developmental milestones? _____

Any concerns from their pediatrician? _____

Was your child following the growth parameters for his/her height, weight, and head circumference? _____

Does your child have any sleep issues? (For example: trouble falling asleep, staying asleep, or refusal to sleep?) _____

What is his/her normal bedtime/wake time? _____

Does your child always seem tired, slow moving, or have several aches and pains?

Does your child have any mental health issues such as anxiety or depression?

How many stools per day does your child have? And, what is the consistency?

Any undigested food or malodor in stool? _____

SOCIAL/SCHOOL HISTORY

Has your child ever been exposed to lead or any other known toxic substances? _____

Are there any modifications made in your home to reduce the level of toxin exposure? (For example: HEPA filters, removing carpet, drinking out of glass cups, reducing use of pesticides and cleaning products) _____

Does your child travel internationally? If so, where? _____

What daycare or school does your child attend? _____

Does your child get regular physical exercise? _____

Has your child had any problems with peer or teacher relationships? _____

Does your child have a learning disability? If so, which one? And, are they receiving educational services? _____

Do you have any concerns that your child may have a learning disability? _____

Does your child take illegal drugs, smoke cigarettes, or drink alcohol? If so, how much and how often? _____

Has your child ever been treated for drug or substance abuse? _____

PAST FAMILY MEDICAL HISTORY

Please list any significant family medical history (including siblings, parents, and grandparents): _____

Is there a family history of cancer? _____
Any history of celiac disease or gluten sensitivities? _____

Any autoimmune disorders such as Type I diabetes, thyroid disease, Lupus?

Are there any known genetic mutations or concerns with your child or in your family?

DIET HISTORY

Does your child have any food intolerances or sensitivities?

Does your child have any known food allergies? _____
If yes, has your child also had a diagnosis of eczema or seasonal allergies? _____

Does your child eat fruits and vegetables? If so, approximately how many servings per day?

Do you buy organic produce? _____

Does your child consume caffeine? _____

Does your child consume protein on a regular basis? _____

Is your child a picky eater? _____

About how often does your child consume fast food? _____

Does your child consume foods with dyes? _____

Does your child consume gluten? _____

Does your child consume dairy? _____

Does your child eat sugar? Approximately how much per day? _____

Does your child drink water? About how many cups per day? _____

What other drinks does your child prefer to consume? _____

Give us an example of your child's current diet: _____

Are there any particular concerns that you have about your child you would like to discuss today? _____